

STATE WELL REPORT

Part I – Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS. 39289-0631
 (601)961-5210
 (601) 354-6938 (fax)

County:	Desoto
Permit #	N/A
Driller:	P. Michael Holloway
Date drilling completed:	6/22/07

For Office Use Only:	
Aquifer:	
Well #:	134
L.S. Elevation:	E 140
E-Log #:	

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: Desoto County School District	Latitude: N34° ^{54 31} 52' 31.0" Longitude: W90° 10' 20.5"
Mailing Address: Lake Cormorant Elementary 5 East South Street Hernando MS 38632	Method of Lat/Long (circle one): Conventional Survey, ²⁰ USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	NW 1/4 SE 1/4 Sec 17 Twn 25 Rng 9W
Telephone No. (662) 429-4163	Distance: 1.3 Miles Direction: _____ of Nearest Town: Lake Cormorant

Well / Borehole Data

Date drilling started: 6/22/07 Date drilling completed: 6/22/07 Hole depth: 119' Hole diameter: _____

Location of the source of any surface water used for drilling: Public Water Supply

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 28 feet above or below (circle one) land surface Date measured: 6/25/07

Method of Measurement (circle one) steel tape electric tape airline other: _____

Well depth: 115' Well grouted to a depth of 11' feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 95' feet Casing diameter: 4' feet Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 95 feet to 115 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: NA feet. If telescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A

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J-134

E140

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes show depths on sketch.

Ground Level

Description of Formations Encountered	From (depth)	To (depth)
Red Clay	0	15
Blue Clay	15	82
Sand & Gravel	82	115
Blue Clay	115	120

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner Name: DESOTO County Schools

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Print Name of Responsible Licensee and License No. P. Michael Holloway 0-787

Date 7/12/07

Signature of Licensee P. Michael Holloway

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County: Desoto
 Permit #:
 Driller: P. Mike Holloway
 Date drilling completed: 6/22/07
Copy information from block on Part 1

STATE WELL REPORT
Part 2
Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601) 961-5210
 (601) 354-6938 (fax)

For Office Use Only:

Aquifer: E140
 Well #: ~~J~~ 134
 L.S. Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the Report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information				Well Location		
Owner Name	<u>Desoto County School District</u>			Latitude:	<u>N34° 51' 31.0"</u>	Longitude: <u>W90° 10' 20.5"</u>
Mailing Address:	<u>Lake Cormorant Elementary</u>				<u>54</u>	
	<u>5 East South Street</u>			Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>		
	<u>Hernando</u>	<u>MS</u>	<u>38632</u>	USGS quad	<input type="checkbox"/>	Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS <input type="checkbox"/>
	City	State	Zip Code	<u>NW 1/4 SE 1/4 Sec 17 T 2S R 9W</u>		
Telephone No.	<u>(662) 429-4163</u>			Distance	Direction	Nearest Town
				<u>1.3</u> Miles	<u>East</u>	of <u>Lake Cormorant</u>

Pump Type Circle One			Power Type Circle One		
Air Lift	<u>Jet</u>	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	<u>Piston</u>	<u>Turbine</u>	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	<u>Rotary</u>	<u>Flowing Well</u>	Windmill	Other (specify): _____	
Other (specify):	_____				
Date Pump Installed:	<u>6/25/07</u>		Horse Power Rating of Motor:	<u>5 H.P.</u>	
Rated Pump Capacity:	<u>75</u>	Gallons Per Minute	Setting Depth:	<u>84'</u>	feet
			Number of Stages:	<u>13</u>	

Pump Test Data		Method of Measuring Water Level Circle One	
Date Well Tested:	<u>6/28/07</u>	Airline	<u>Electric Measuring Line</u>
Static Water Level (A)	<u>28</u> Feet Below Land Surface	Other (specify):	<u>Steel Tape</u>
Pumping Water Level (B):	<u>53</u> Feet Below Land Surface		
Drawdown [(B) - (A)]:	<u>25</u> Feet Below Land Surface	For flowing well, measured shut in head:	_____ feet
Test Pumping Rate:	<u>75</u> Gallons Per Minute	Well yielded	<u>75</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):	<u>4</u> hours	<u>25</u> feet after	<u>4</u> hours of pumping

I HEREBY CERTIFY that above statements are true to the best of my knowledge.

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P. Michael Holloway 0-787
 Print Name of Pump Installer and License No. (if applicable)

P. Michael Holloway
 Signature of Pump Installer

BY: OLWR